

**ZILKA · KOTAB**  
 ————— PC —————  
 ZILKA, KOTAB & FEECE™

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**FAX COVER SHEET**

| Date:                             | Phone Number | Fax Number     |
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| To: Examiner Hai L. Nguyen, USPTO |              | (703) 872-9306 |
| From: Dominic M. Kotab            |              |                |

Docket No.: IBM1P078/GB920020058US1

**App. No: 10/722,178**

Total Number of Pages Being Transmitted, Including Cover Sheet: 13

**Message:**

To Examiner Hai L. Nguyen,

Attached is an Amendment Transmittal in duplicate, Amendment, Change of Correspondence Address form and Authorization to Act in a Representative Capacity form for the above identified application.

Thank you,

Dominic M. Kotab

*Original to follow Via Regular Mail*  *Original will Not be Sent*  *Original will follow Via Overnight Courier*

\*\*\*\*\*  
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July 14, 2005

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Sample Form (09-04)

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

|   |                   |
|---|-------------------|
| In re Application of:<br>James Stephen MASON              |                   |
| Application No.<br>10/722,178                             |                   |
| Filed:<br>11/25/2003                                      |                   |
| Title:<br>SEMICONDUCTOR TYPE TWO PHASE LOCKED LOOP FILTER |                   |
| Attorney Docket No.<br>IBM1P078/GB920020058US1            | Art Unit:<br>2816 |

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

| Name             | Registration Number |
|------------------|---------------------|
| Dominic M. Kotab | 42,762              |
| Kevin J. Zilka   | 41,429              |

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

| SIGNATURE of Practitioner of Record |   |   |
|-------------------------------------|---|---|
| Signature                           |  | Date<br>07/14/2005                        |
| Name                                | Ronald B. Feece   | Registration No., if applicable<br>46,327 |
| Telephone                           | 408-971-2573  |   |

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: ) Attorney Docket No.:  
 James Stephen MASON ) IBM1P078/GB920020058US1  
 Application No.: 10/722,178 ) Examiner: NGUYEN, Hai L.  
 Filed: 11/25/2003 ) Group Art Unit: 2816  
 For: SEMICONDUCTOR TYPE TWO PHASE LOCKED ) Date: July 14, 2005  
 LOOP FILTER )

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents via facsimile to fax number (703) 872-9306 on July 14, 2005.

Signed: Nancy Rushton  
 Nancy Rushton

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 2233-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

|   | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Previously<br>Paid For | Present<br>Extra | SMALL ENTITY<br><u>RATE FEE</u> | OR | LARGE ENTITY<br><u>RATE FEE</u> |
|---|---|-----------------------------------|------------------|---------------------------------|----|---------------------------------|
| TOTAL CLAIMS  | 15 -                                      | 20                                | .00              | X25 = \$                        | OR | X50 = \$                        |
| INDEP CLAIMS  | 04 -                                      | 03                                | .01              | X100 = \$                       | OR | X200 = \$200                    |
| [ ] Multiple Dependent Claim Present<br>and Fee Not Previously Paid |   |                                   |                  | \$0                             |    | \$0                             |
|   |   |                                   | TOTAL            | \$ _____                        |    | <u>\$200</u>                    |

Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action.  
 Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 09-0466.

Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.  
 If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 09-0466 (Order No.  
GB920020058US1). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,  
 Zilka-Kotab, PC

  
 Dominic M. Kotab  
 Registration No. 42,762

P.O. Box 721120  
 San Jose, CA 95172-1120  
 Telephone: (408) 971-2573

(Revised 1/96)

## PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
 James Stephen MASON  
 Application No.: 10/722,178  
 Filed: 11/25/2003  
 For: SEMICONDUCTOR TYPE TWO PHASE LOCKED  
 LOOP FILTER

) Attorney Docket No.:  
 IBM1P078/GB920020058US1

) Examiner: NGUYEN, Hai L.

) Group Art Unit: 2816

) Date: July 14, 2005

COPY

CERTIFICATE OF FACSIMILE

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|---|--|--|-------------------------|---------------------------------|----|---------------------------------|
| TOTAL CLAIMS  | <u>15</u> -                                      | <u>20</u>                                | <u>00</u>               | X25 = \$                        | OR | X50 = \$                        |
| INDEP CLAIMS  | <u>04</u> -                                      | <u>03</u>                                | <u>01</u>               | X100 = \$                       | OR | X200 = \$200                    |
| [ ] Multiple Dependent Claim Present<br>and Fee Not Previously Paid |  |  |                         | \$0                             |    | \$0                             |
|   |  |  | TOTAL                   | \$                              |    | \$200                           |

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(Revised 1/96)